

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Arnold Schwarzenegger's Total Recall Committee, Vote Yes to Recall Gray Davis			<b>Date of This Filing</b> <u>12/01/2003</u>	Date Stamp      Page 1 of 2	<b>CALIFORNIA FORM 497</b> For Official Use Only
<b>AREA CODE/PHONE NUMBER</b> (310)458-1405	<b>I.D. NUMBER</b> (if applicable) 1257330		<b>Report No.</b> <u>31</u>		
<b>STREET ADDRESS</b>  			<input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)		
<b>CITY</b> Santa Monica	<b>STATE</b> CA	<b>ZIP CODE</b> 90401	<b>No. of Pages</b> <u>2</u>		

## Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
11/18/2003	Cooperative of American Physicians - Trust Legislative Committee Los Angeles, CA 90071  ID# 760951	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$21,200.00
11/19/2003	Safeway, Inc. Pleasanton, CA 94588	<input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$15,000.00
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

### \*Contributor Codes

IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

<b>NAME OF FILER</b> Arnold Schwarzenegger's Total Recall Committee, Vote Yes to Recall Gray Davis			<b>Date of This Filing</b> 12/01/2003  <b>Report No.</b> 31  <input type="checkbox"/> <b>Amendment to Report No.</b> _____ (explain below)  <b>No. of Pages</b> 2	<b>Date Stamp</b>       <b>Page 2 of 2</b>	<b>CALIFORNIA FORM 497</b> For Official Use Only
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<b>STREET ADDRESS</b>					
<b>CITY</b> Santa Monica	<b>STATE</b> CA	<b>ZIP CODE</b> 90401			

## Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION (IF APPLICABLE)

Reason for Amendment: